REQUEST TO BECOME A LEAVE RECIPIENT

TO:_____   DATE: _Drop Down Box_

1. REQUEST _____ _____ _____
              (NAME)   (SSN)   (CIVILIAN ORGANIZATION)

BE APPROVED TO BECOME A LEAVE RECIPIENT.

2. EXPLAIN PERSONAL EMERGENCY: _____

_____

_____

_____

_____

_____

3. I CERTIFY THAT THE ABOVE NAMED INDIVIDUAL'S ABSENCE FROM DUTY IS DUE TO
PERSONAL EMERGENCY AND IS EXPECTED TO LAST AT LEAST 10 WORKDAYS. I FURTHER
CERTIFY THAT THE INDIVIDUAL DOES NOT HAVE ANY APPROPRIATE LEAVE AND WITHOUT
APPROVAL OF THIS REQUEST WOULD BE FORCED TO USE LEAVE WITHOUT PAY (LWOP).

_Electronic Signature_____
(SIGNATURE OF IMMEDIATE SUPERVISOR)

4. _Electronic Signature___   _Electronic Signature___
   APRROVED (SPMO SIGNATURE)   DISAPPROVED (SPMO SIGNATURE)

5. REASON FOR DISAPPROVAL: _____

_____

_____

SDNG FORM 630-1◀ (29 Jun 92)   For use of this form see SDNG Pam 630-1

REQUEST TO BECOME A LEAVE DONOR

TO:_____   DATE: Drop Down Box

1. REQUEST _____   _____
                  (Name)   (SSN)

_____   BE APPROVED TO BECOME A LEAVE
(Civilian Organization)

DONOR.

2. I SPECIFY THAT Drop Down Box HOURS OF ANNUAL LEAVE BE TRANSFERED FROM MY

ANNUAL LEAVE ACCOUNT TO THE ANNUAL LEAVE ACCOUNT OF:

_____   _____   Electronic Signature
(LEAVE RECIPIENT'S NAME)   (SSN)   (SIGNATURE OF DONOR)

3. Electronic Signature   Electronic Signature
    APPROVED (SPMO SIGNATURE)   DISAPPROVED   (SPMO SIGNATURE)

4. REASON FOR DISAPPROVAL: _____

_____

_____

SDNG FORM 630-2   (29 Jun 92)
For use of this form see SDNG PAM 630-1 (Leave Sharing)

GSA/EAFB BUS REQUEST

Requesting Unit:	
Unit POC:	
POC Telephone Number:	
Number of Passengers:	
Baggage:	*Check Box Option* ☐ YES ☐ NO

Reason Bus is Needed:	*Check Box Option* ☐ APFT ☐ Wpns Qual ☐ Recruiting ☐ FTX ☐ AT
Other:	

Date/Time Bus is Needed:	Drop Down Box

Date/Time Bus is Returned:	Drop Down Box

Lic Driver Full Name & Rank:	

Remarks:	_____

DCSLOG USE ONLY

Request:	*Check Box Option* ☐ Approved ☐ Disapproved

DCSLOG-SB, POC:	
POC Phone Number:	
Vehicle Pickup Location:	
Vehicle POC:	
Vehicle POC Phone Number:	
Veh Returned NLT:	
Return To(Location):	

For Commercial Bus Request use FORSCOM Form 285-1-R

SDNG Form 700 ⬛ (1 Oct 00)

BACKGROUND SURVEY QUESTIONAIRE

PRIVACY ACT INFORMATION
GENERAL

This information is provided pursuant to Public Law 93-279 (Privacy Act of 1974), December 21,1974, for individuals completing Federal records and forms that solicit personal information.
AUTHORITY
Sections 1302,3301,3304 and 7201 of Title 5 of the U.S. Code.

PURPOSE AND ROUTINE AUTHORITY
The information from this survey is used for research and for a Federal Equal Opportunity Recruitment Program to help ensure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Office of the Adjutant General, ATTN: Equal Employment Manager, 2823 West Main Street, Rapid City, South Dakota 57702-8186.

EFFECTS OF NONDISCLOSURE
Providing this information is voluntary. No personnel selections are made based on this information.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER
UNDER PUBLIC LAW 93-579, SECTION 7 (b)
Solicitation of the Social Security Number (SSN) by the Adjutant General is authorized under provisions of Executive Order 9397,dated November 22,1943. It is used to relate this form with other records that you file with Federal agencies and the Office of the Adjutant General.

GENERAL INSTRUCTIONS
The information from this survey is used to help ensure that agency personnel practices meet the requirments of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pencil or pen. *USE ONLY CAPITAL LETTERS*

Name (Last, First,MI)	Position for which you are applying JOB#

Date (Month, Day, Year)
~Drop Down Box~

1. Social Security Number

2. Year of Birth
~Drop Down Box~

3. Do you have any Physical Disabilities
Check Box Option
☐ 1 - YES   ☐ 2 - NO

4. How did you learn about the particular position for which you are applying? Please check choices. (you may select up to three choices).
Check Box ~~once~~ Option on all

☐ 01-Agency Personnel Dept. (Bulletin Board or other Announcement)

☐ 02-State Employment Office
☐ 03-Private Employment Office
☐ 04-Private Employment Service
☐ 05-Other Federal Agency
☐ 06-Religious Organization

☐ 07-Federal, State, Local Job Information Center
☐ 08-School or College Counselor/Official
☐ 09-Friend or Relative working for Agency
☐ 10-Friend or Relative not working for Agency
☐ 11-Other Organization (specify)_____
☐ 12-Other (specify)_____

5. Please categorize yourself in terms of the race, sex and ethnic categories below. First read the definitions of subcategories. Please check your choices.
DEFINITIONS:
The racial and ethnic categories for Federal statistics and administrative reporting are defined as follows:

ETHNICITY:
Hispanic - A person of Mexican, Pureto Rico, Cuban, Central or South America or other Spanish culture or origin,regardless of race.

RACE:
American Indian or Alaskan Native- A person having origins in any of the original peoples of N. America, and who maintains cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander - Aperson having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific
Black- A person having origins in any of the black racial groups or Africa.
White- A person having origins in any of the original people of Europe, North Africa or the Middle East.

A. Race: *Check Box Option*
☐ 1- American Indian or Alaskan Native   ☐ 3 - Black   ☐ 5 - Other (Specify)
☐ 2 - Asian or Pacific Islander   ☐ 4 - White

B. Sex: *Check Box Option*
☐ 1 - Male
☐ 2 - Female

C. Ethnicity   *Check Box Option*
☐ 1 - Of Hispanic Origin
☐ 2 - Not of Hispanic Origin

SDNG FORM 707   1 FEB 00

EQUIPMENT CONTROL RECORD
FOR USE OF THIS FORM, SEE DA PAM 738-750

CONTROL NO	ORGANIZATION	LOCATION	UIC	UTILIZATION CODE	VEHICLE USE CODE	SOUTH DAKOTA NATIONAL GUARD

NOMENCLATURE	MODEL	NATIONAL STOCK NO.	SERIAL NO.	REGISTRATION NO.	SD GS MAINTENANCE CTR

YEAR OF MFG	MFG CODE	CONTRACT NO.	PURCHASE ORDER NO.	WARRANTY PERIOD	SOUTH DAKOTA

TYPE REPORT *Check Box*

	REPORT CODE	USAGE	SHIPPED TO	SHIPPED TO UIC
ACCEPTANCE AND REGISTRATION [ ]		HOURS *Drop Down Box*		
USAGE [ ]				
TRANSFER [ ]		MILES *Drop Down Box*		
LOSS [ ]			RECEIVED FROM	RECEIVED FROM UIC
GAIN [ ]		ROUNDS *Drop Down Box*		
OTHER [ ]				

REMARKS

INSPECTOR'S SIGNATURE *Electronic Signature*   JULIAN DATE *Drop Down Box*

SDNG FORM 2408-9   dtd 1 Aug 2000

REQUISITION ... SHEET

	ACCOUNT NUMBER				SUB-Acct No.	PUBLICATION OR FORM CATEGORY AND NUMBER		CHANGE REQUEST	QUANTITY REQUIRED	UNIT OF ISSUE (UI)	ZIP CODE